

FILED DEC 7 1942

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4444

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Memoriah Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Days.
(Specify whether years, months or days)
 In this community 32 Yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 2506 College Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Anna M. WHALEN.
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 29th
 year 1942 hour 4 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 11.24
1942 to 11.29 1942
 that I last saw her alive on 11.28 1942
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles Whalen 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased May 13th, 1895
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 4 days
 Due to Hypertension + Chronic Nephritis years 12 1/2
 Due to _____
 Other conditions Acute gangrenous appendicitis + general peritonitis 4 days
(include pregnancy within 3 months of death)
 Major findings: gangrenous appendicitis + general peritonitis PHYSICIAN
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
47 6 16 hr. min.

9. Birthplace Lebanon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Michael Maloney.

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Savage.

15. Birthplace California
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Whalen

(b) Address 2506 College Ave.

17. (a) Burial (b) Date thereof 12/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Mo.

19. (a) 11-30-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

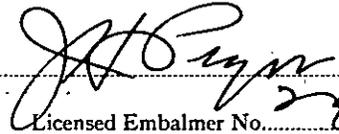
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature Harry C. Lopp (M. D. or other) MD.
 Address 1103 1/2 Main Date signed 11-30-42

Dr Lopp please
Fill out

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 2899
.....

P. O. Address.....
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.